



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
CORDELL HULL BUILDING, 5th FLOOR
425 5TH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

**Announcement of Funding
July 1, 2006**

Introduction

The Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) is pleased to announce the availability of new funding to expand crisis stabilization unit (CSU) capacity in the Middle Tennessee region. We intend to secure three (3) contracts to establish CSUs in or near Cookeville, Columbia, and Nashville, Tennessee. The pro forma scope of services to establish these CSUs, as well as to operate these CSUs after they are established, are attached. These funds can be utilized for acquisition, construction, and/or building rehabilitation costs. The establishment funds must be spent by June 30, 2007, and are subject to recall.

Requests must be received by the TDMHDD no later than 2 p.m. CST Wednesday, September 20, 2006. Late proposals will not be considered. Any agency interested in proposing to establish one or more CSU is requested to submit a letter of intent for communication regarding this Announcement of Funding by Friday, August 18, 2006.

Applicants may apply for these funds immediately by sending proposals to:

Lea K. Haynie, Assistant Director
Tennessee Department of Mental Health and Developmental Disabilities
Division of Managed Care
Cordell Hull Building, 5th Floor
425 5th Avenue, North
Nashville, TN 37243

If you need further information regarding the application process, please contact Lea Haynie at 615-532-6733 or Lea.Haynie@state.tn.us.

Proposal Requirements

Each applicant must submit five (5) hard copies and one (1) electronic copy of their proposal. The electronic copy may be submitted either on CD or disk. All copies *must* be received by 2 p.m. CST on September 20, 2006, to be considered. Applicants must address the Evaluation Criteria contained in this Announcement of Funding.

Applications must be written in English, typed double spaced on one side of standard 8 ½” x 11” paper. Pages must be typed in 11-point or larger font, have at least one-inch margins and be sequentially numbered including any attachments.

Evaluation Criteria

TDMHDD will consider qualifications, experience, and approach in the evaluation of applications. Three (3) or more TDMHDD staff will score each application independently against the evaluation criteria rather than against other applications. Maximum points an application can receive is 180. A minimum of 126 points must be obtained for the application to be considered for the awarding of funds. Please respond to each of the following items in a clear and concise manner:

1. Describe your type of business, including the licenses and accreditations that it currently maintains. Also, provide the name of the business, contact person for this application, the address, telephone number, facsimile number, and email address of the contact person. (2 points)
2. Detail your proposed plans for the acquisition, construction, and/or rehabilitation of property to establish a crisis stabilization unit, including proposed location(s), time frame for completion, and budget with explanation of line items. (20 points)
3. Explain your organization’s experience and strategy for rendering crisis services to persons with behavioral health disorders, including utilizing crisis services for diversion from psychiatric inpatient services. (5 points)
4. Provide documentation of the community support from behavioral health providers, law enforcement, emergency services, and other referral sources for the area your organization is proposing to establish a crisis stabilization unit. Additionally, include any financial and in kind support your organization and/or community will provide to support the operation of the CSU. The counties of service for each CSU to be established are:

Cookeville – Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, VanBuren, Warren, and White
Columbia – Giles, Hickman, Lawrence, Lewis, Marshall, Maury, Perry, and Wayne
Nashville – Cheatham, Davidson, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson
(10 points)
5. Describe your organization’s plan to develop and maintain community relationships including, but not limited to, ongoing dissemination of information, provide ongoing training regarding scopes of services, and receiving referrals from behavioral health

providers, law enforcement, emergency services, substance abuse providers, families, advocates, and other referral sources. (5 points)

6. Explain your proposed staffing plan, including staff qualifications, resumes for identified personnel, and job descriptions, based on the number of beds and anticipated occupancy of the crisis stabilization unit. (3 points)
7. Describe your organization's plan for training the crisis stabilization unit staff and provide curriculum that will be utilized (if available). (3 points)
8. Provide your organization's admission and continuation of stay criteria for the proposed crisis stabilization unit, including assessment tools and information that will be utilized to determine if admission and continuation of services is appropriate. (5 points)
9. Describe how your crisis stabilization unit will operate a reception center and/or affiliate with a walk-in center that will assess individuals directly from the community for admission to the unit or refer to other services as appropriate. (10 points)
10. Explain the therapeutic components of the crisis stabilization unit and provide therapeutic modules that will be utilized with individuals who are admitted to the unit, if available. (10 points)
11. Explain how and to what extent the crisis stabilization unit will render the evidence-based practice of Illness Management & Recovery and the use of peer specialists. (5 points)
12. Describe how the crisis stabilization unit will render medication management, including the education of individuals on the proper use of medications prescribed. (5 points)
13. Explain how and to what extent your crisis stabilization unit will address the needs of individuals with dual diagnoses (mental illness/mental retardation) and co-occurring disorders (mental illness/substance abuse), including those in need of detoxification and service referrals. Additionally, include any services your agency provides for these special populations and/or any contracts and agreements your agency has with other organizations to render services. (10 points)
14. Identify and explain how the proposed crisis stabilization unit will render services within a continuum of care. This shall include inpatient, residential and outpatient services prior to admission and upon discharge. These efforts should address medical, mental health, and substance abuse issues and include the referral process for these services, identify potential barriers for accessing services and strategies for overcoming these barriers. (10 points)

15. Explain how your organization will address individuals who wish to leave against medical advice when they may meet the criteria for emergency psychiatric services. (5 points)
16. Describe how the crisis stabilization unit will address visitation and how your organization will strengthen the individuals' support systems while in the unit. (5 points)
17. Provide your organization's safety procedures and security measures that will be utilized for the proposed crisis stabilization unit, including the safety of individuals, staff, and the community. (10 points)
18. Explain your organization's plan for ensuring safe and timely transportation for emergency and non-emergency needs of individuals to and from the facility. (10 points)
19. Explain how care will be individualized to meet the needs of each individual and how services will be rendered in a culturally competent manner, including services for individuals with limited English proficiency and deaf or hard of hearing. (5 points)
20. Explain how your organization will address the needs of individuals who frequently use the crisis stabilization unit's services. (5 points)
21. Explain the internal quality monitoring and improvement activities to be utilized by the crisis stabilization unit, including how outcomes will be measured to determine the effectiveness of the unit. (5 points)
22. Explain how your record keeping practices for the proposed crisis stabilization unit will comply with state and federal requirements, including but not limited to HIPAA and Title 33. (2 points)
23. Explain how your organization will assure compliance with state licensure rules, including but not limited to, seclusion/isolation and restraint practices. (5 points)
24. Explain your organization's budget for rendering crisis stabilization services after the unit has been established and start up funds have been exhausted. Please include in your explanation how the crisis stabilization unit will submit claims and reconcile payment from multiple sources (e.g. TDMHDD, managed care companies, private insurance agencies). (10 points)

Below are three examples of individuals that could present to the CSU facility. Please describe your course of action for each of the follow cases:

25. Scenario #1:

CW is a seventy-one (71) year old white male who presents with his adult daughter because of a dispute with his neighbors. He reports his neighbors were trying to steal his car, but the neighbors relate they were getting into their own car. The neighbors reported concern for CW, but did not feel threatened. He has no history of violence. He reports a twenty (20) pound weight loss over the past six (6) months and he uses a cane to walk with complaints of severe back pain. He has been to a medical doctor in the past year and is on no medication for the back pain. He has periods of memory loss, confusion, crying spells and angry outbursts. He reports no prior psychiatric or substance abuse history. What would be the best course of intervention, treatment, and referral(s) for CW? (5 points)

26. Scenario #2:

PM is a thirty-six (36) year old African American female who presents with law enforcement after being detained for the third time this month at a middle school for becoming loud and demanding to see her two (2) children, who do not attend that school. She reports she was there to pick up her children. Her custody rights were terminated for her children two (2) years ago and they are living in another state with their father. She is homeless, has no job and reports no family support. She wanders the streets and sometimes stays at a mission or shelter. She complains of being pregnant often, but her babies are “always stolen”. She also reports she has worms in her body and tumors in her brain. She has had three (3) previous inpatient stays in the past five (5) months. She has a case manager at the local community mental health center and is non-compliant with psychiatric medication. What would be the best course of intervention, treatment, and referral(s) for PM? (5 points)

27. Scenario #3:

JR is a forty-eight (48) year old Hispanic male with limited English proficiency. He presents with his wife, his brother, his father and one of his four children, a thirteen (13) year old daughter who is the only family member present who is fairly affluent in English. He was reportedly found today by his father sitting outside his home with a gun that was not loaded. He has been arrested twice for driving under the influence of alcohol in the past eight (8) months. He smells of alcohol and is physically unsteady. He reportedly lost his job today and the family has no other source of income. He has a history of employment problems. He has been court ordered to attend alcohol and drug treatment, but to date has only attended a few AA meetings. No history of any mental health services is reported. What is the best course of intervention, treatment, and referral(s) for JR? (5 points)